

**WISCONSIN MEDICAID
COST REPORT FOR INDEPENDENT AND PROVIDER-BASED
(AFFILIATED HOSPITAL HAVING MORE THAN 50 BEDS) RURAL HEALTH CLINICS**

Instructions: Type or print clearly. Before completing this form, read the Cost Report for Independent and Provider-Based (Affiliated Hospital Having More Than 50 Beds) Rural Health Clinics Completion Instructions (HCF 11079A).

SECTION I — PROVIDER INFORMATION

Name — Facility	Rural Health Clinic (RHC) Provider's Medicaid Provider Number
Reporting Period	
From	To

SECTION II — DETERMINATION OF RURAL HEALTH CLINIC ENCOUNTER RATE

	Prior to 1/1	On or After 1/1	Total
1. Cost report period (calendar or fiscal)			
2. Medicare upper allowable cost rate for calendar year (Medicare Cost Report, CMS Form 222-92, Worksheet C, Part 2, Line 10)	\$	\$	
3. Applicable Health Personnel Shortage Area (HPSA) bonus percentage	%	%	
4. Health Personnel Shortage Area rate (Line 2 multiplied by Line 3)	\$	\$	\$
5. Portion of cost report period to which encounter rate applies			
6. Sum of Lines 2 and 4 multiplied by Line 5	\$	\$	
7. Medicaid cost report rate per encounter (Sum of Line 6, Columns 1 and 2)			\$

SECTION III — COST SETTLEMENT CALCULATION — MEDICAID-ONLY ENCOUNTERS

8. Medicaid encounter rate (Line 7)	\$
9. Medicaid encounters submitted to Wisconsin Medicaid	
10. Medicaid encounters submitted to HMOs that contract with Wisconsin Medicaid	
11. Total Medicaid encounters (Sum of Lines 9 and 10)	
12. Cost calculated for Medicaid-only encounters (Line 8 multiplied by Line 11)	\$
13. Subtract	
a.) Fee-for-service payments by Wisconsin Medicaid for Medicaid-only encounters	\$
b.) Payments by HMOs that contract with Medicaid for Medicaid-only encounters	\$
14. Net cost settlement from Medicaid-only encounters (Line 12 minus Lines 13a and 13b)	\$

SECTION IV — COST SETTLEMENT CALCULATION — MEDICARE / MEDICAID CROSSOVER ENCOUNTERS

15. Medicaid encounter rate (Line 7)	\$
16. Total Medicare / Medicaid crossover encounters submitted to Wisconsin Medicaid	
17. Cost calculated for Medicare / Medicaid crossover encounters (Line 15 multiplied by Line 16)	\$
18. Medicare covered visits (Medicare Cost Report, CMS Form 222-92, Worksheet C, Part 2, Line 11)	
19. Percentage of Medicare / Medicaid visits in relation to Medicare covered visits (Line 16 divided by Line 18)	%
20. Medicare reimbursable costs of RHC services (Medicare Cost Report, CMS Form 222-92, Worksheet C, Part II, Line 19)	\$
21. Subtract	
a.) Proportion of Medicare reimbursable costs for Medicare / Medicaid crossover encounters (Line 19 multiplied by Line 20)	
b.) Fee-for-service payments by Wisconsin Medicaid for Medicare / Medicaid crossover encounters	
22. Net cost settlement from Medicare / Medicaid crossover encounters (Line 17 minus Lines 21a and 21b)	\$

Continued

SECTION V — COST SETTLEMENT CALCULATION — COMMERCIAL INSURANCE / MEDICAID ENCOUNTERS

23. Total insurance / Medicaid encounters submitted to Wisconsin Medicaid	
24. Total insurance / Medicaid encounters submitted to HMOs that contract with Wisconsin Medicaid	
25. Allowable cost for each encounter reported on Line 23 (Lesser of amount billed or non-HPSA encounter rate)	\$
26. Allowable cost for each encounter reported on Line 24 (Lesser of amount billed or non-HPSA encounter rate)	\$
27. Total allowable cost (Sum of Lines 25 and 26)	\$
28. Health Personnel Shortage Area bonus (Line 27 multiplied by Line 3)	\$
29. Medicaid-allowable cost amount with HPSA bonus (Sum of Lines 27 and 28)	\$
30. Subtract	
a.) Insurance payments	\$
b.) Fee-for-service payments by Wisconsin Medicaid for insurance / Medicaid encounters	\$
c.) Payments by HMOs that contract with Wisconsin Medicaid for insurance / Medicaid encounters	\$
31. Net cost settlement for insurance / Medicaid encounters (Line 29 minus Lines 30a through 30c)	\$

SECTION VI — COST SETTLEMENT CALCULATION — COMMERCIAL INSURANCE / MEDICARE / MEDICAID ENCOUNTERS

32. Total insurance / Medicare / Medicaid encounters submitted to Wisconsin Medicaid	
33. Total allowable cost for encounters reported on Line 32 (Lesser of amount billed or non-HPSA encounter rate)	\$
34. Health Personnel Shortage Area bonus (Line 33 multiplied by Line 3 total column)	\$
35. Medicaid-allowable cost amount with the HPSA bonus (Sum of Lines 33 and 34)	\$
36. Percentage of insurance / Medicare / Medicaid visits in relation to Medicare covered visits (Line 32 divided by Line 18)	
37. Subtract	
a.) Insurance payments	\$
b.) Fee-for-service payments by Wisconsin Medicaid for insurance / Medicare / Medicaid encounters	\$
c.) Proportion of Medicare reimbursable costs for insurance / Medicare / Medicaid encounters (Line 36 multiplied by Line 20)	\$
38. Net cost settlement for insurance / Medicare / Medicaid encounters (Line 35 minus Lines 37a through 37c)	\$

SECTION VII — COST SETTLEMENT DETERMINATION FOR RURAL HEALTH CLINIC

39. Settlement for Medicaid-only encounters (Line 14)	\$
40. Settlement for Medicare / Medicaid crossover encounters (Line 22)	\$
41. Settlement for insurance / Medicaid encounters (Line 31)	\$
42. Settlement for insurance / Medicare / Medicaid encounters (Line 38)	\$
43. Subtotal	\$
44. Copayments	\$
45. Settlement calculation total (Line 43 minus Line 44)	\$
46. Quarterly payments	\$
47. Balance due to provider (Line 45 minus Line 46)	\$